

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: monospace;">10625197</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1		1			
Total Depend	13		13			
Total Claims	14		14			

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